

**Health Quality and Cost Council
Patient Centered Medical Home Workgroup
Purchasers and Consumer Education Subgroup
Meeting Summary
May 7, 2009
4:00-5:30 p.m. EST
Via Teleconference**

Purpose

This group will develop strategies for involving employers and consumers in medical home demonstrations.

Discussion Summary

The meeting began with a discussion of the outreach and consumer awareness activities that should be put in place for the establishment of a demonstration project throughout the state. There is a general awareness, as articulated in the Joint Principles, that consumers are active participants in the delivery of care in a medical home; however, the step for engaging participants has been left somewhat open-ended.

NCQA requires that practices meet a standard for giving patients information on the role of a medical home, which includes nine factors which must be included in written information provided to patients, such as encouraging patient self-management, assuring patients that the practice cares about their needs as a whole, assisting with referrals, advising when patients should go to the ER, providing information about office hours and appointments, and how to communicate with the practice when they are not in face-to-face communication. NCQA has not done direct outreach to patients; however, under a grant from the Commonwealth Fund, they surveyed practices to determine what the next phase of the medical home should be. One of the CMS demonstration project's requirements is for the practice to have written verification from patients designating the practice as their medical home. Large practices found no added value in obtaining patients' signatures. Both large and smaller practices felt that requiring patients' signatures is onerous and not worth the practice's effort.

Consumer pieces have been developed for outreach purposes, such as the Center for Advancing Health's model for the type of information that practices should provide to patients; however, NCQA does not work in the area of consumer outreach. They are exploring the development of a standardized patient experience survey tool for clinical and cost outcomes.

Turning to engaging purchasers, there is no explanation of purchaser's obligations set forth in the principles or in the PPC-PCMH recognition tool. Ben Steffen noted that staff met with representatives of Merck, who shared some of the information they have developed to promote medical homes, among other patient-focused initiatives.

From the point of view of the Mid-Atlantic Business Group on Health, John Miller said that its members consider the medical home to be a very new concept. Marriott is one of the most progressive purchasers in the mid-Atlantic region. For the other members of the business group, there was uncertainty as to whether the medical home concept was the newest and latest promise that will not yield that much. His sense was that there is a wait and see attitude among employers, which makes bringing purchasers into a demonstration more challenging since any additional cost, in the short term, will be resisted due to the contracted economy. In a multi-stakeholder initiative, the coverage that could be offered may be beneficial to everyone.

Judy Fennimore of Marriott presented its perspective on primary care and the medical home. Marriott has about 90,000 associates nationwide that are eligible for medical benefits and of those associates, approximately 80% participate in its medical plans. Studies of Marriott's data show that many of their associates are not getting needed essential health care services. There is low utilization of preventive care services; those associates having chronic conditions are not managing their care well; and only about half of Marriott's associates have a primary care physician. Efforts to provide the medical care needed have included offering free preventive care and lowering or eliminating co-pays for prescription drugs and for certain chronic conditions. Marriott's employee benefits staff believes that their associates are more likely to get the medical care that they need if Marriott brings medical care to them by holding health fairs. Recently, Marriott's staff have explored creating a medical home relationship with Premier Physicians Group, affiliated with Suburban Hospital in Montgomery County, Maryland. Marriott has arranged for medical clinics for their employees in various parts of the country. Challenges include not having a lot of extra money—they believe that they must add patient centered medical homes on a cost neutral basis, measure the return on investment, and run all of the associated costs through their medical plans. Questions arose regarding contract issues, such as what the incentives and expected outcomes should be and how they would be measured. Additional questions included whether medical homes should be for associates with chronic conditions or more broadly implemented; how they would reach out to their associates and encourage use of the medical home. Staff recently began discussions with Aetna, which already has Bridges to Excellence criteria for medical homes. Their intention is to run a pilot project in the Washington area through their existing medical plan with Aetna.

In the New York City area, Marriott partnered with a physicians group one block away from a Marriott location having more than 1,000 associates. It isn't a medical home, but they take walk-ins and provide services beyond what a practice usually does.

Marriott does not have internal organizational challenges because it supports pushing the envelope and doing different things to help its associates get the health care that they need. Marriott's corporate executives have asked for a program like this and understand and appreciate that having a medical home and having a physician really manage their patients' health care would be a good thing. They haven't gone out broadly to get support down to the local levels of the human resources and general managers of the hotels until they have something to give to them. They would measure the pilot project before rolling it out to any other locations.

Tia Torhorst of the National Partnership for Women and Families said that the Partnership participants decided long ago that the patient centered medical home model was a possible solution to payment reform, chronic care reform, and improving health in primary care.

Partnership participants decided to focus time and effort into forming a collaborative with other consumer organizations, as well as creating a consumer advocate toolkit. The Partnership's work centered around two things—a set of consumer principles, which are the result of a collaboration of about fifty organizations, to be included in the pilots and the projects that are moving forward; and a tool kit for consumer advocates who are participating in medical home pilot projects. The toolkit contains background information on what a medical home is, why advocates should care about it, and how they should message that to their constituents. It includes the patient brochure that was presented at the PCP collaborative, which is available online at: http://www.nationalpartnership.org/site/PageServer?pagename=ourwork_medicalhome_landing. The brochure was created with about 25 different consumer advocacy groups participating in focus groups. Those 25 people serve hundreds of thousands along the line, so it was tapping into their expertise, knowing their constituents and knowing what their needs are, to create the brochure.

Mr. Steffen said that staff would report to the Workgroup regarding consumer and patient outreach, as well as purchaser engagement.

Meeting Participants

Council members: None.

Other participants: Tricia Barrett (NCQA), Judy Fennimore (Marriott), Karol Wicker (Maryland Hospital Association), Tia Torhorst (National Partnership for Women and Families), Pegeen Townsend (Maryland Hospital Association) Grace Zaczek (Maryland Community Health Resources Commission)

Staff: Nicole Stallings, Ben Steffen, Rebecca Perry, Karen Rezabek